

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.B.</i>	<i>7275</i>	<i>9-2-00</i>
O.I.P.E. CLASSIFIER		<i>19</i>	<i>9-8-00</i>
FORMALITY REVIEW	<i>Intake</i>	<i>TL 826</i>	<i>10/12/02</i>
RESPONSE FORMALITY REVIEW	<i>JK</i>	<i>835</i>	<i>12/19/00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	7/1/00
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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